

___ packages of form SBD-10754, Double Check/DC
Detector Performance Test (\$6/package)
___ packages of form SBD-9927, Cross Connection
Control Performance Test (\$6/package)
___ cross connection device identification tags ("CROSS
CONNECTION CONTROL ASSEMBLY DO NOT
REMOVE THIS TAG! For more information, contact the
plumbing inspector, or water purveyor.") No Charge.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Please print or type, this will be used as your return mailing label.

Make Check to "Safety and Buildings Division" Fund code 8035

Note: A maximum of 3 packages of
each form will be sent per order. A
package contains 25 blank forms.
These forms are only available to
registered Cross Connection Control
Device testers.

**Please provide your registration ID
number** _____

Personal information you provide may be used for
secondary purposes [Privacy Law, s.15.04 (1)(m)].

SBD-10660 (N. 11/04)

Wisconsin Department of Commerce/Safety and Buildings Division

Mail to:
Material Orders
201 W. Washington Ave, 4th floor
P.O. Box 2509
Madison, WI 53701-2509